NEBRASKA STATE BOARD OF PUBLIC ACCOUNTANCY P.O. Box 94725, Lincoln, NE 68509

AFFIDAVIT OF SURRENDER

(Name)	(Address)	,
(City, State, ZIP)	(Certificate #)	(Birthdate – M/D/Y)
(Social Security #)		
hereby certify and attest through my signal otherwise do not possess the original Netherotherwise do not held myself out to the State of Nebraska during during during description of the Nebraska public as a storegain my Nebraska CPA certificate, I to possible reinstatement. I understand that immediately return it to the Board.	braska CPA certificaty surrender said cert the Nebraska publicing the time that I did not find the Nebraska CPA a CPA. If I plan to reunderstand that I mu	te issued to me; but do hereby ificate. I hereby also certify and as a CPA nor practiced public ot have a permit to practice. certificate means that I can no enter public accounting or wish set meet all the requirements for
	Signature	
	Date	
OFFICE USE ONLY Date on Board Mtg. Agenda:	_	
Action taken by the Board:	-	